

## CONSUMER COMPLAINT FORM DO NOT CALL VIOLATION

Mail the completed form along with copies of all relevant supporting documents to:

Montana Department of Administration  
Consumer Protection  
Telemarketing Fraud Unit  
1219 8<sup>th</sup> Avenue  
PO Box 200151  
Helena, MT 59620-0151  
(406) 444-4500



WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS, SO PLEASE WRITE LEGIBLY.

\*Please print with ink only or type\*

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**Your Name**

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Your Street Address/City/State/Zip Code

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(Area Code) Home Telephone

(Area Code) Work Telephone

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**Name of business or individual you are complaining about**

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Business Street Address

City

State

Zip Code

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Person you dealt with

(Phone number)

1. First contact between you and the business (Please check one):

☐ I received a telephone call from the business.

☐ I telephoned the business.

☐ I received information in the mail.

☐ I responded to radio/TV ad.

☐ I responded to printed advertisement.

☐ Other: \_\_\_\_\_

2. Have you had any prior business transactions with this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Did you speak clearly and directly to the telemarketer and asked them to place your name on their "Do Not Call" list? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Date of first contact: \_\_\_\_\_

4. Date/Time of other calls: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Was the telemarketer courteous? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If No – Please describe the conversation or action under Number 8)

6. Have you complained to the business? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ What was the business' response?

\_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

(3) If you are a minority member, designate which: \_\_\_\_\_